

CLAIMANT'S NAME Teri Takai		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT OCIO	
POSITION State Chief Information Officer	CBID No.	DIVISION or BUREAU			INDEX NUMBER
RESIDENCE ADDRESS [REDACTED]		HEADQUARTERS ADDRESS 1325 J St., Suite 1600			TELEPHONE NUMBER 319-9223
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY Sacramento	STATE CA	ZIP CODE 95814

(1) NORMAL WORK HOURS

(2) PRIVATE VEHICLE LICENSE NUMBER

(3) MILEAGE RATE CLAIMED

(4) MONTH/YEAR April - 09	(5) DATE   TIME	(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION				(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
				BREAK-FAST	LUNCH	O.T., LT, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES   AMOUNT		
	20   10:00 pm	San Francisco to Sacramento								4.00	0.00		4.00
											0.00		0.00
	23   7:00 am	Sacramento to Santa Clara	154.00		10.00	18.00					0.00		182.00
	24   12:00 pm	Santa Clara to Sacramento		6.00			6.00				0.00		12.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
(13) SUBTOTALS			154.00	6.00	10.00	18.00	6.00	0.00		4.00	0.00	0.00	198.00
COLUMN CODE (ACCTG. USE ONLY)													

CLAIM TOTAL

\$198.00

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

4/20 - Meeting w/ PUC Commissioner Rachelle Chong

4/23-24 - Silicon Valley Leadership Group event

AGENCY ACCOUNTING OFFICE  
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15)

I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

6.3.09

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See item 17 on reverse)

DATE